

System of Care Community Planning Committee
March 13, 2008
Meeting Minutes

Vacancy announcement for Family Liaison position has been advertised. Goal is to have new staff member at the May meeting.

Evaluation:

- 40% enrollment at last meeting--has increased to 44%.
- Helena KMA is now serving families and enrolling them in the study.
- First Evaluation Tidbits newsletter was attached to report.
- Tidbits information is collected on each person enrolled with KMA. The longitudinal study is voluntary.
- 19 new families served since last reporting period.
- Data is being returned. Each site will receive specific statistical information.
- Majority of the information now comes from Yellowstone KMA.
- Strategies for sharing this information will be revisited in May.
- Information from this will be helpful for people running for legislature from KMA sites.
- Qualitative and quantitative information will be included in next report.
- Challenges:
 - Establish new service goals for re-application to SAMHSA. Need more realistic goals to be on target for next site visit.
 - Small population, numbers enrolled will be small, continue to do our best.

Training/Communications:

- Wraparound (one of the core components of System of Care) Training from Carolyn Nava.
- Reviews were overwhelmingly positive.
- March 14 will be first nationwide conference call on social marketing.
- Reviewed top two core messages that will be used for social marketing by KMAs.
- Placement of these messages is important.

National Children's Mental Health Awareness Day May 8.

- Helena KMA received a proclamation from governor thanking them for their work and declaring May 8 as National Children's Mental Health Awareness Day.
- Pamela Helms will send this document to SOC members.
- Yellowstone has plans but nothing firmed up.

- Po'ka SOC is working with their schools on a poster contest.
- Focus is on child abuse. Awards will be given at a community dinner on May 8.
- Will continue to include a health fair that also includes the schools. A memorial for youth that have passed away will be added this year. Students have raised money to give a scholarship in those youth's names.
- On line GED program to encourage kids to stay in school.
- Kids have read PSA's that are on the radio.
- Suggested large meeting in Helena to invite legislators and request that the Governor speak.
- Bonnie asked that Lily assist with setting this up through the governor's office.
- Missoula is having blues fest that will incorporate health fair with mental health.

Reviewed year 4 budget.

- Federal means actual dollars that are in the budget to spend, Non-federal is the match.
- There is around \$500K in carry forward money at this point.
- We are in the fifth month of our fourth year.
- Karin and Clay will be writing budget for the carry forward.
- Unable to share carry forward monies with non-funded sites.
- Hope to use this for training, etc. that non funded sites will be included in.
- Year 6 total will be greater than what is listed, but unsure as to how much SAMHSA will approve. Have to be able to prove that we will have match.
- Year four site review report will be sent out electronically.
- We have also done site reviews for each of the granted sites.
- We will have an additional site review next year.
- Next year we will bring granted site staff to the meeting for reports.

Data Base:

- Goal for report writing is March 15. Bach Harrison will write reports and updates.
- KIDS fm will be able to be accessed with state ITSD support. Data base is on real time and IT support will be available 24/7.
- Enhancements and changes will be available March 15.

A new contract is being negotiated with In-Care for Cultural Service Matrix.

- This links DSM IV diagnosis to practices, approaches, etc. for the seven Montana NA nations.
- Now working to make it accessible and web based, as well as offer outreach training information.
- Will clarify terms that Native Americans don't currently use.
- One main goal on developing the matrix is to educate the Native American population as well.

Jim Fitzgerald:

- MHOAC is a federally mandated entity, required by the feds for each state that accepts block grant dollars, to oversee the state mental health system and advise the department.
- Historically focus has been adult mental health.
- Council hosted a summit that invited key principal stakeholders to discuss mental health funding priorities.
- This will happen on an annual basis.
- Looking for representatives from children's mental health.
- Six meetings per year. Council pays travel as well as child care.
- There is an application process to be appointed to council.

May meeting will be a joint meeting with the statutory committee. Administrators want to know what is and is not working in the communities. They are also receiving regional and KMA reports.

List of barriers to be presented to Statutory Committee

Wraparound training was identified as a top priority in January.

- Carolyn Nava was here to facilitate.
- 18 finished training and were certified.
- Challenge for bureau is planning next round of trainings.
- Group agreed to set up standards of practice/safety plan.
- Next training will have more parent involvement.
- Natalee Barnes hopes to include case managers in future training.
- Carolyn suggested meetings be attended by parent, trainer and case manager.
- Will include protections, resources, information on trauma informed care.

Homework: Cooperative Agreement was submitted October, 2003.
What have we not addressed?

1. Co-occurring capacity
2. Template for individual service plans to be available statewide
3. Access to single care manager for each child that comes through KMA

4. 800 Help line to request information and inquire about local services to reduce stigma and have a single point of contact at statewide level.
5. (Partial implementation) broad representation from community on KMA.
6. Integration of Data from the system partners and state agencies.
7. Cross agency alignment of plans, policies and procedures.
8. Completing five year plan for bureau geared toward instituting System of Care philosophies statewide.
9. Develop common language across agencies (i.e. eligibility vs. ...)
10. Support legislation to institute the principals of system of care
11. Funded KMA in each SAA region (i.e. across state).
12. Cultural competency beyond race, ethnicity, other cultural parameters.
13. Increase # of evidence based practices.

Top Priorities:

- Cross agency alignment of plans, policies and procedures.
- Complete a five year plan to institutionalize
- Cultural competency beyond race, ethnicity, other cultural parameters.
- Funded KMA in each SAA region (i.e. across state).

Background on letter from LJIC:

- Looking at sequential intercepts along the continuum of juvenile justice system and how to get kids necessary treatment.
- Committee is engaged in issues and would like SOC recommendations.
- Youth issue will be juvenile treatment alternatives.
- Looking at suggestions from SOC concerning probation and re-entry points.
- A document to be sent to LJIC by June.
- Three distinct populations identified;
 1. Already in correctional facility (Riverside/Pine Hills) that also have serious mental illness and not in a good facility for help.
 2. Not in facility but have come to attention of Juvenile Justice (supervision of probation officer)
 3. Assessment population, kids who have no involvement but need to have some type of better assessment of their behaviors, or those that are in custody of state or have come before a judge and need an assessment.

SED Kids in the juvenile justice system do not go to Riverside or Pine Hills. Where do they go if Shodair is full or if placement is denied?

There are two issues to respond to:

1. In-state site proposal for secured facility
2. Early identification/Intervention/Prevention at community level for better response for recommendation to legislature.

Amber Stoltenburg, Youth Coordinator:

- Engaging youth for SOC committee—intimidating, understanding what is being discussed.
- Ask questions, they may not feel empowered to join in conversation.
- Help to prepare them concerning issues that will be discussed.

Budget process:

- Prioritized in Division, includes CHIP and Medicaid
- Cuts made at Director's office
- Governor's office reviews and necessary cuts made
- Executive Planning Process
- If doesn't make into EPP, has to be introduced as legislative initiative

Legislation needed to support SOC:

- SOC's continuing \$371K per year (will go in as present law)
 - Suggestion – increase amount for sustainability and more money to five granted sites.
 - What will be fund line from general fund for following sessions, can this be a present law adjustment?
- Wrap Around training and certification – split TCM into two rates, those certified and those not.
- Family support Spec certification; administrative support to arrange meetings, etc.
- Transition services into adult
- Looking at MOU for department administrators that are retiring.
- Most work has been done so far on kids that are DD and SED
- Acuity study--how to measure what works and what doesn't. System that pays for kid based on severity of illness.
 - Request funding around acuity and performance.
- Provider rate increases – 2% across the board increase in Medicaid. Services that are not cost based.
- Transportation
- Medicaid Rate increase
- Unbundling

- 72 hrs Presumptive eligibility
- Family-of-one for PRTF grant

Federal:

- TCM
- Rehab models
- Therapeutic group
- Therapeutic foster
- CHIP has been extended federally through March, 2009.
Montana's allotment will run out late summer/early fall of 2009.

Initiatives

- Morrison – Money from this would come from General Fund
 - Medicaid increase to 180%
 - CHIP increase to 250%

Agenda for May 15:

- Wrap around standards and safety plans subgroup
- Draft recommendations to Law and Justice
- PRTF - Ronnie
- Addressing extraordinary care needs for children
- Division legislative budget priorities – Jani to form sub-committee